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## BIB DATA SHEET

CONFIRMATION NO. 2233

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS                             | GROUP ART UNIT  | ATTORNEY DOCKET<br>NO.        |                                    |
|---|---|-----------------------------------|---|-------------------------------|------------------------------------|
| 10/777,019  | 02/11/2004<br>RULE  | 606                               | 3733  | 101896-234<br>(DEP5100CIP)    |                                    |
| <b>APPLICANTS</b><br>Tushar Patel, Potomac, MD;<br>Eric D. Kolb, Milton, MA;<br>Jonathan Fanger, Fall River, MA;  |   |                                   |   |                               |                                    |
| <b>** CONTINUING DATA *****</b><br>This application is a CIP of 10/609,123 06/27/2003   |   |                                   |   |                               |                                    |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                   |   |                               |                                    |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>05/10/2004  |   |                                   |   |                               |                                    |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /DAVID C<br>COMSTOCK/<br>Acknowledged Examiner's Signature | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR<br/>COUNTRY</b><br>MD | <b>SHEETS<br/>DRAWINGS</b><br>7   | <b>TOTAL<br/>CLAIMS</b><br>55 | <b>INDEPENDENT<br/>CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>NUTTER MCCLENNEN & FISH LLP<br>SEAPORT WEST<br>155 SEAPORT BOULEVARD<br>BOSTON, MA 02210-2604<br>UNITED STATES  |   |                                   |   |                               |                                    |
| <b>TITLE</b><br>Tissue retractor and guide device   |   |                                   |   |                               |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>1616  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                               |                                    |